

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: M. GOWTHAM		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 04-06-2003
Current Address: 1/419, GOVIDAN KADU, DEVARAYAN PALAYAM, ICHIPATTI, PALLADAM, TIRUPPUR, TN-641668		City: TIRUPPUR State: TAMIL NADU	
Permanent Address: 1/419, GOVINDAN KADU, DEVARAYAN PALAYAM, ICHIPATTI, PALLADAM, TIRUPPUR, TN-641668		City: TIRUPPUR State: TAMIL NADU	
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: N. MANIKANDAN		Relationship: FATHER	
Phone: 8012 938584	Address: 1/419, GOVINDAN KADU, DEVARAYAN PALAYAM, PALLADAM, TIRUPPUR - 641668		
Name: M. AMBIKAMANI		Relationship: MOTHER	
Phone:	Address: 1/419, GOVINDAN KADU, DEVARAYAN PALAYAM, PALLADAM, TIRUPPUR, TN-641668		
Name: M. SANJAY		Relationship: BROTHER	
Phone: 63824 97610	Address: 1/419, GOVINDAN KADU, DEVARAYAN PALAYAM, PALLADAM, TIRUPPUR, TN-641668		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		

Please provide the details of any of your friends		
Name: A. DINESH	Location: COIMBATORE	Profession: SERVICE ENGINEER
Home Phone:	Work Phone:	Cellular Phone: 99521 84814
Name: A. MANIKANDAN	Location: COIMBATORE	Profession: BUSINESS
Home Phone:	Work Phone:	Cellular Phone: 99409 29095
Name: K. VIJAY	Location: TIRUPPUR	Profession: BUSINESS
Home Phone:	Work Phone:	Cellular Phone: 96773 44053
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: M. SANJAY	Relationship: BROTHER	
Home Phone:	Work Phone:	Cellular Phone: 63824 97610
Name: N. MANIKANDAN	Relationship: FATHER	
Home Phone:	Work Phone:	Cellular Phone: 8012938584
Preferred Hospital:		
Physician's Name	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication: NIL		
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary: NIL		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: M. Goultan		Date Signed: 21-01-2025